

RECEIVED CENTRAL FAX CENTER DEC 1 3 2005

www.farjami.com

26522 La Alameda Avenue, Suite 360 Mission Viejo, California 92691

tel: (949) 282-1000 fax: (949) 282-1002

FACSIMILE TRANSMISSION COVER SHEET

Date:

December 13, 2005

To:

United States Patent and Trademark Office

Examiner: Sked, Matthew J.; Art Unit: 2655

Fax:

571-273-8300

Re:

Application Serial No.: 09/761,033

Filing Date: 1/16/2001; First Named Inventor: Yang Gao

Attorney Docket No.: 01CON346P

From:

Farjami & Farjami LLP

Number of pages including the cover sheet: 11

Message:

Enclosed please find an Amendment and Response to the Final Office Action dated October 14, 2005.

Thank you.

The documents accompanying this facsimile contain PRIVILEGED AND CONFIDENTIAL information intended only for use of the individual or entity named above. If you are not the intended recipient, disclosure, copying, distribution or use of the contents of this facsimile information is prohibited. If you have received this facsimile in error, please immediately notify us by telephone and return the original facsimile to us at the above address via U.S. Postal Service. We will reimburse you for all expenses incurred.

PTO/SB/21 (08-03) Approved for use through 07/31/2006. OMB 0651-0031
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paper Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. **Application Number** 09/761,033 TRANSMITTAL Filing Date 1/16/2001 **FORM** First Named Inventor Gao, Yang (to be used for all correspondence after initial filing) Examiner Name Sked, Matthew J. Art Unit 2655 Total Number of Pages in This Submission Attorney Docket Number 01CON346P **ENCLOSURES** (check all that apply) After Allowance communication X Fee Transmitta! Form Drawing(s) to Group Appeal Communication to Board ~ Fee Attached Licensing-related Papers of Appeals and Interferences Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) Amendment / Reply Petition Petition to Convert to a After Final Proprietary Information Provisional Application Power of Attorney, Revocation Change of Correspondence Address Affidavits/declaration(s) Status Letter Other Enclosure(s) (please Extension of Time Request Terminal Disdaimer identify below): Express Abandonment Request Request for Refund Information Disclosure Statement CD, Number of CD(s) Remarks Certified Copy of Priority Document(s) Response to Missing Parts/ Incomplete Application Response to Missing Parts under 37 CFR 1.52 or 1.53 SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT Firm Farshad Farjami, Esq., Reg. No. 41,014 Individual name Farjami & Farjami, LLP Signature Date December 13, 2005 **CERTIFICATE OF TRANSMISSION** I hereby certify that this correspondence is being facsimile transmitted to the USPTO at facsimile number 571-273-8300 on the date shown below. Type or printed name Lesley L. Ning

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. PEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

December 13, 2005

Signature

In you need assistance in completing the form, call 1-800-PTO-9199 (1-800-786-9199) and select option 2.

PTO/SB/17 (12-04)

FIGST RAMPORED GROUND FIRST Name Sked, Matthew J. RECEIVED	FEE TRANSMITTAL	Filing Date	1/16/2001						
Applicant Claims small entity status. See 37 CFR 1.27 Art Unit 2655 CENTIFAL FAX CENTER		First Named Inventor	Gao, Yang						
Deposit Account Deposit Account Number: 50:0731 Deposit Account Name: Earlamil & Fariamil & Far	For FY 2005	Examiner Name	Sked, Matthew J.						
METHOD OF PAYMENT (check all that apply)	Applicant Claims small entity status. See 37 CFR 1.27	Art Unit	2655	CENTIAL FAX CENTER					
Check Credit Card Money Order None Other (please identify): Deposit Account Deposit Account Number: 50-0731 Deposit Account Name: Farlami & Farlami & Farlami LLP	TOTAL AMOUNT OF PAYMENT (\$) 0.00	Attorney Docket No.	01CON346P	LEC 1 3 2005					
Check Credit Card Money Order None Other (please identify): Deposit Account Deposit Account Number: 50-0731 Deposit Account Name: Farlami & Farlami & Farlami & Farlami & For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)	METHOD OF PAYMENT (check all that apply)								
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge feets) indicated below Charges feets) indicated below, except for the filing fee		Other (please identify):						
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge feets) indicated below Charges feets) indicated below, except for the filing fee	X Deposit Account Deposit Account Number: 50-0731	Denosit Account Name	Fariami & Fariami I I P						
Charge fee(s) indicated below, except for the filing fee X Charges any additional fee(s) or underpayments of fee(s) X Credit any overpayments under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card Information should not be included on this form. Provide credit card Information and authorization on PTO-2038. FEE CALCULATION									
WARNING: Information on this form may become public. Credit card Information should not be included on this form. Provide credit card Information and authorization on PTO-2038. FEE CALCULATION	Charge fee(s) indicated below	Charges fee(s) inc	dicated below, except for the filing fe	ee e					
WARNING: Information on this form may become public. Credit card Information should not be included on this form. Provide credit card Information and authorization on PTO-02038. FEE CALCULATION		X Credit any overpay	yments						
### Standard Color	WARNING: Information on this form may become public. Credit card information sho	ould not be included on this fo	orm. Provide credit card information and						
BASIC FILING, SEARCH, AND EXAMINATION FEES SEARCH FEES SEARCH FEES Small Entity Small	authorization on PTO-2038.								
Filling FEES SEARCH FEES SEAMINATION FEES Small Entity S									
Application Type		EXAMINATI	ION FEES						
Utility 300 150 500 250 200 100 Design 200 100 100 50 130 65 Plant 200 100 300 150 500 250 600 300 Reissue 300 150 500 250 600 300 Provisional 200 100 0 0 0 0 0 2. EXCESS CLAIM FEES Fee Description Fee (\$) Fee (\$) Fee (\$) Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent 50 25 Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent 200 100 Multiple dependent claims Total Claims - 20 or HP = x =		_							
Design			ee (\$) Fees Paid	<u>(\$)</u>					
Plant 200 100 300 150 160 80 Reissue 300 150 500 250 600 300 Provisional 200 100 0 0 0 0 0 0 2. EXCESS CLAIM FEES Fee Description Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent 50 25 Each independent claims over 3 or, for Reissues, each independent claim more than in the original patent 200 100 Multiple dependent claims Fee (\$) Fee (\$)				·					
Reissue 300 150 500 250 600 300 Provisional 200 100 0 0 0 0 0 0 0 2. EXCESS CLAIM FEES Fee Description Fee (\$) Fee (\$) Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent 50 25 Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent 200 100 Multiple dependent claims Fee (\$) Fee Paid (\$) Multiple dependent claims 360 180 Total Claims Extra Claims Fee (\$) Fee Paid (\$) HP = highest number of total claims paid for, if greater than 20 Indep. Claims Extra Claims Fee (\$) Fee Paid (\$) HP = Righest number of independent claims paid for, if greater than 3 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41 (a)(1)(G) and 37 CFR 1.16(s). Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$) - 100 = /50 = /50 = /60 under the number) x = Fee Paid (\$)									
Provisional 200 100 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		· · · ·							
2. EXCESS CLAIM FEES Fee Description Fee (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) Multiple dependent claims Fee (\$) Fee Paid (\$) Multiple Dependent Claims Fee (\$) Fee Paid (\$)	250								
Fee Description Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent Each independent claims Total Claims Extra Claims Fee (\$) Fee Paid (\$) Multiple Dependent Claims Fee (\$) Fee Paid (\$) Fee Paid (\$) Fee Paid (\$) Fee Paid (\$) Fee Paid (\$) Fee Paid (\$) Fee Paid (\$) Fee Paid (\$) Fee Paid (\$) Fee Paid (\$) Fee Paid (\$) Fee Paid (\$) Fee Paid (\$) Fee Paid (\$) Fee Paid (\$) Fee Paid (\$) Fee Paid (\$) Fee Paid (\$) Fee Paid (\$) Fee Paid (\$) Fee Paid (\$) Fee Paid (\$) Fee Paid (\$) Fee Paid (\$) Fee Paid (\$) Fee Paid (\$) Fee Paid (\$) Fee Paid (\$) Fee Paid (\$) Fee Paid (\$) Fee Paid (\$) Fee Paid (\$) Fee Paid (\$) Fee Paid (\$) Fee Paid (\$) Fee Paid (\$) Fee Paid (\$) Fee Paid (\$) Fee Paid (\$) Fee Paid (\$) Fee Paid (\$) Fee Paid (\$) Fee Paid (\$) Fee Paid (\$) Fee Paid (\$) Fee Paid (\$) Fee Paid (\$) Fee Paid (\$) Fee Paid (\$) Fee Paid (\$) Fee Paid (\$) Fee Paid (\$) Fee Paid (\$) Fee Paid (\$) Fee Paid (\$) Fee Paid (\$) Fee Paid (\$) Fee Paid (\$) Fee Paid (\$) Fee Paid (\$) Fee Paid (\$) Fee Paid (\$) Fee Paid (\$) Fee Paid (\$) Fee Paid (\$) Fee Paid (\$) Fee Paid (\$)		0		Entity					
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent Each independent claims Total Claims Extra Claims Fee (\$) Fee Paid (\$) Multiple Dependent Claims Fee (\$) Fee Paid (\$) HP = highest number of total claims paid for, if greater than 20 Indep. Claims - 3 or HP = x = HP = highest number of independent claims paid for, if greater than 3 APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41 (a)(1)(G) and 37 CFR 1.16(s). Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$) Fee Paid (\$)	Fee Description								
Multiple dependent claims Total Claims Extra Claims Pee (\$) Fee Paid (\$) Multiple Dependent Claims Fee (\$) Fee Paid (\$) APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41 (a)(1)(G) and 37 CFR 1.16(s). Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$) Fee Paid (\$) Fee Paid (\$) Fee Paid (\$)	Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent 50 25								
Total Claims - 20 or HP =	Each independent claim over 3 or, for Reissues, each independent cla	im more than in the orig	= =						
- 20 or HP = x = Fee (\$) Fee Paid (\$) HP = highest number of total claims paid for, if greater than 20 Indep. Claims		4 (A) BI		30					
HP = highest number of total claims paid for, if greater than 20 Indep. Claims	00 110	1(2) N							
-3 or HP = x = HP = highest number of independent claims paid for, if greater than 3 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41 (a)(1)(G) and 37 CFR 1.16(s). Total Sheets									
HP = highest number of independent claims paid for, if greater than 3 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41 (a)(1)(G) and 37 CFR 1.16(s). Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$) - 100 = / 50 = (round up to a whole number) x =		1(\$)							
3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41 (a)(1)(G) and 37 CFR 1.16(s). Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$) 100 = /50 = (round up to a whole number) x =									
If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41 (a)(1)(G) and 37 CFR 1.16(s). Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$) - 100 = /50 = (round up to a whole number) x =	The state of the s								
for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41 (a)(1)(G) and 37 CFR 1.16(s). Total Sheets		cation size fee due is \$3	250 (\$125 for small entity)	į					
Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$) - 100 = / 50 = (round up to a whole number) x =	for each additional 50 sheets or fraction thereof. See 35 U.S.C. 4	1 (a)(1)(G) and 37 CFF	R 1.16(s).						
				<u>d (\$)</u>					
rees raids)		up to a whole number)		(\$\tau_i					
Non-English Specification, \$130 fee (no small entity discount)))	rees ra	3141 4 1					
Other:	. , , , , , , , , , , , , , , , , , , ,	-7							
SUBMITTED BY	SUBMITTED BY								
Signature Registration No. 41014 Telephone (949) 282-1000			elenhone (040) 202 4000						

SUBMITTED BY				1	7				
Signature		0/1	7/		Registration No. (Attorney/Agent)	41014	Telephone	(949) 282-1000	
Name (Print/Type)	Farsi	had Farjarr	ni, E sq.				Date	December 13, 2005	
ble collection of info	rmation is	required by 3	7 000 1 120	Thole					_

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

Attorney Docket No.: 01CON346P Serial No.: 09/761,033

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

CENTRALIFAX CENTER

Group Art Unit: 2655

DEC 1 3 2005

Application Serial No.: 09/761,033

Examiner: Sked, Matthew J.

Filed: January 16, 2001

Applicant(s): Yang Gao

Title: System for an Adaptive Excitation

Pattern for Speech Coding

AMENDMENT AND RESPONSE TO FINAL OFFICE ACTION

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Dear Examiner:

This Amendment and Response is submitted in response to the *Final* Office Action, dated October 14, 2005, in the above-referenced patent application. Please enter and consider the following amendments and remarks.